

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

ADDRESS (number and street) ▼

7000 Cardinal Place

☐ Check if different than previously reported. (ACC)

Dublin

OH

43017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00332833

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cassi Baker

Signature of Treasurer

Cassi Baker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		195281.27
(b) Cash on Hand at Beginning of Reporting Period.....	234128.18	
(c) Total Receipts (from Line 19)	25930.56	103827.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	260058.74	299108.74
7. Total Disbursements (from Line 31)	91500.00	130550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	168558.74	168558.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12785.10

40320.89

(ii) Unitemized

13111.55

63374.27

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

25896.65

103695.16

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

25896.65

103695.16

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

33.91

132.31

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

25930.56

103827.47

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

25930.56

103827.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	65000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	61500.00	65500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91500.00	130550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91500.00	130550.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25896.65	103695.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25896.65	103695.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. OLA M SNOW

Mailing Address 267 DONERAIL AVE

City
POWELL

State Zip Code
OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, HR BUS PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR100553410638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KELLI M KOVAK

Mailing Address 195 N HARBOR DR #802

City
CHICAGO

State Zip Code
IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, STRATEGY MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR117426310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROSEMARY PITTS

Mailing Address 8673 FINLARIG DR.

City
DUBLIN

State Zip Code
OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, FINANCE (GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR118725310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM C PUTNAM

Mailing Address 7812 W. 147TH TERRACE

City State Zip Code
OVERLAND PARK KS 66223

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, SCIENTIFIC CONSU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR120659910638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TIFFANY P OLSON

Mailing Address 15402 HIDDEN OAKS LANE

City State Zip Code
CARMEL IN 46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
PRESIDENT, NUCLEAR &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR120670110638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JENNIFER R FERRANG

Mailing Address 24 RAMSEY ROAD

City State Zip Code
LEBANON NJ 08833

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR122787710638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

536.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. THOMAS NOVELLI

Mailing Address 6486 SUTCLIFFE DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22315

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, GOVERNMENT RELAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR122840610638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RONALD A SCHULTZ

Mailing Address 1209 EAST CORK STREET

City

KALAMAZOO

State

MI

Zip Code

49001

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR124939110638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL B PETRAS

Mailing Address 3591 WEST GALLOWAY

City

RICHFIELD

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRES, GM ASSURAMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR124987810638

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

376.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. ROBERT F F GLOVER

Mailing Address 5633 N KOSTNER AVENUE

City
CHICAGO

State Zip Code
IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : PR87377410638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS E E HUNT

Mailing Address 8093 WILDWOOD LANE

City
DARIEN

State Zip Code
IL 60561

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : PR87377510638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK R OVERMAN

Mailing Address 900 WYNDHAM HILL CT

City
SOUTHLAKE

State Zip Code
TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : PR87377710638

Amount of Each Receipt this Period

89.32

P/R Deduction (\$44.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

189.32

X	11a		11b		11c		12		
	13		14		15		16		17

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

[illegible]

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. LISA A ASHBY

Mailing Address 605 MUIRFIELD CT

City

AUGUSTA

State

GA

Zip Code

30907

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRES, MED DEVICE & D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87380010638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BENJAMIN T N T THOMPSON

Mailing Address 2029 LEWIS CROSSING COURT

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

NVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87381410638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LAUREL BEELER

Mailing Address 1723 EAGLE TRL

City

OXFORD

State

MI

Zip Code

48371

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EXEC, ACCOUNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87382010638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

226.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. DAVID A GOLDSBERRY

Mailing Address 321 ST ANDREWS LN

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87382110638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL L L GROESBECK

Mailing Address 33916 N SUMMERFIELDS DR

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, QRA MEDICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87382310638

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEBRA L SCHOTZ

Mailing Address 2351 THORNWOOD AVENUE

City State Zip Code
 WILMETTE IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, GM PERIOPERATIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87382710638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 13 OF 58
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. STEPHEN A A INACKER

Mailing Address 1471 FIRWOOD CT.

City	State	Zip Code
MARCO ISLAND	FL	34145

FEC ID number of contributing federal political committee.

 Name of Employer
 CARDINAL HEALTH, INC

 Occupation
 PRES, HOSPITAL SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR87383510638

Amount of Each Receipt this Period

P/R Deduction (\$38.94 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SUSAN J JACOBSON

Mailing Address 65 EAST MONROE #4606

City	State	Zip Code
CHICAGO	IL	60603

FEC ID number of contributing federal political committee.

 Name of Employer
 CARDINAL HEALTH, INC

 Occupation
 SVP, GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR87384510638

Amount of Each Receipt this Period

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KATE C SPIRKO

Mailing Address 6812 SPRUCE PINE DR

City	State	Zip Code
COLUMBUS	OH	43235

FEC ID number of contributing federal political committee.

 Name of Employer
 CARDINAL HEALTH, INC

 Occupation
 DIR, HR SERVICE CENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR87385110638

Amount of Each Receipt this Period

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. RACHEL R R STOLL

Mailing Address 4228 ST. ANDREWS BLVD

City State Zip Code
IRVING TX 75038

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : PR87385310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RENE BLOCH

Mailing Address 401 SPRING DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
EXEC TERRITORY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : PR87388410638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANNLEA C C RUMFOLA

Mailing Address 8314 DAVINGTON DR

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 30 2014

Transaction ID : PR87388510638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

228.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. JOHN A FIACCO

Mailing Address 124 FOX HAVEN DRIVE

City
O'FALLON

State Zip Code
MO 63368

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, PHARM OPS MGMT -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87388610638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TED L DIBIASE

Mailing Address 4954 ROSEGATE COURT

City
DUBLIN

State Zip Code
OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, ORG HEALTH & LAB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87389410638

Amount of Each Receipt this Period

122.40

P/R Deduction (\$61.20 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOSHUA T T GAINES

Mailing Address 2629 BEXLEY PARK ROAD

City
BEXLEY

State Zip Code
OH 43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, STRATEGY & CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87389610638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

298.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. GEORGE J J PLAVA

Mailing Address 3526 PEMBROOKE DR

City State Zip Code
 RICHMOND TX 77406

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, PHARM OPS & ACCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87390310638

Amount of Each Receipt this Period

138.46

P/R Deduction (\$69.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT S S SUMMERS

Mailing Address 146 CHASELY CIRCLE

City State Zip Code
 POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, PRODUCT OR SERV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87390510638

Amount of Each Receipt this Period

61.44

P/R Deduction (\$30.72 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SEAN M MCCAFFREY

Mailing Address 1020 BUCK RUN RD

City State Zip Code
 SOUTHPOINTE PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87390710638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. GARY G CACCIATORE

Mailing Address 3810 LOCH GLEN CT

City State Zip Code
HOUSTON TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87391910638

Amount of Each Receipt this Period

75.98

P/R Deduction (\$37.99 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES L SCOTT

Mailing Address 9318 PRATOLINA VILLA DRIVE

City State Zip Code
DUBLIN OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, NATIONAL MARKET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87392210638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRADLEY G G COCHRAN

Mailing Address 2589 AIKIN CIRCLE S

City State Zip Code
LEWIS CENTER OH 43035

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87392410638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

251.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM OWAD

Mailing Address 7558 HEATHERWOOD LN

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, OPERATIONAL EXC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87392510638

Amount of Each Receipt this Period

200.60

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFREY B B BRANNON

Mailing Address 3965 CLEARLAKE CIRCL

City State Zip Code
 ZANESVILLE OH 43701

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87393010638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CRAIG P COWMAN

Mailing Address 6851 KILLILEA DRIVE

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, PRODUCT MANAGEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87393110638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

350.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. MARGARET M T M LAVALLE

Mailing Address 9410 CULROSS CT

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, HR SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87393510638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL C C KAUFMANN

Mailing Address 7160 TEMPERANCE POINT ST

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CEO, PHARMACEUTICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87393810638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PETER A STOY

Mailing Address 1955 ENCLAVE DRIVE

City

MT PLEASANT

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ACCOUNT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87394210638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. KEVIN M KANNALLY

Mailing Address 14529 ROBINSON RD

City State Zip Code
 PLAIN CITY OH 43064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87394710638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL P P KENNEDY

Mailing Address 4783 VISTA RIDGE DR

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.70

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87395010638

Amount of Each Receipt this Period

200.60

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CAROLYN E E GRANT

Mailing Address 6869 MEADOW GLEN DR

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR , GOVERNMENT REL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87395410638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

352.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. TROY L HANSON

Mailing Address 5622 DORSEY DRIVE

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
DIR, PRODUCT OR SERV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87395810638

Amount of Each Receipt this Period

92.18

P/R Deduction (\$46.09 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CASSANDRA E RA E BAKER

Mailing Address 1751 BARRINGTON RD

City State Zip Code
UPPER ARLINGTON OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, GOVT RELATIONS M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87396410638

Amount of Each Receipt this Period

134.32

P/R Deduction (\$67.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES M BARKER

Mailing Address 2761 SKELTON LN

City State Zip Code
BLACKLICK OH 43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, MANUFACTURING MG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87396610638

Amount of Each Receipt this Period

70.30

P/R Deduction (\$35.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

296.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. **STEPHEN T T FALK**

Mailing Address 2175 LANE RD

City
COLUMBUS

State Zip Code
OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87396810638

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **CAROLE S S WATKINS**

Mailing Address 1967 WOODLANDS PLACE

City
POWELL

State Zip Code
OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
CHIEF HUMAN RESOURCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87397210638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **JON GIACOMIN**

Mailing Address 6792 INGALLS CT

City
GALENA

State Zip Code
OH 43021

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
PRES, US PHARMACEUTI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87397410638

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

734.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. ROBERT GIACALONE

Mailing Address 7471 BALFOURE CIRCLE

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, REG AFFAIRS/CHF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87397810638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL D D BROWN

Mailing Address 3103 SADDLE RIDGE

City State Zip Code
RICHMOND TX 77406

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, PHARM OPS & ACCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87398210638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KATHRYN J J ABLEIDINGER

Mailing Address 34 ASHBURY CT

City State Zip Code
HUDSON WI 54016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87399010638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. DANIEL R R ROBINSON

Mailing Address 8124 CROOKED OAKS CT

City
GAINESVILLE

State Zip Code
VA 20155

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
DIR, PHARM OPS & ACC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87399110638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEPHEN M LAWRENCE

Mailing Address 4868 CARRIGAN RIDGE

City
DUBLIN

State Zip Code
OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, RETAIL INDEPEND

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87399210638

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID LAWRENCE

Mailing Address 326 VINWOOD LANE

City
POWELL

State Zip Code
OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, STRATEGIC PLNG/E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87399410638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

376.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 58
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. MARK E ROSENBAUM

Mailing Address 815 HAMMOCK LANE

City State Zip Code
 KNOXVILLE TN 37934

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CHIEF CUSTOMER OFFIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87399510638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID E GAJESKI

Mailing Address 21406 SAUNTON DR

City State Zip Code
 KATY TX 77450

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87400310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THERESA R L GOULD

Mailing Address 3418 BIG HICKORY DR.

City State Zip Code
 KINGWOOD TX 77345

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, HR BUSINESS PART

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87401310638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

510.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. **CONNIE WOODBURN**

Mailing Address 9761 ERIN WOODS DR

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARDINAL HEALTH, INC

Occupation
 SVP, PROF & GOVT REL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87401510638

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **ROBBIE D D JORGENSEN**

Mailing Address 578 MORTS DRIVE

City State Zip Code
 WENTZVILLE MO 63385

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARDINAL HEALTH, INC

Occupation
 DIR, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87401610638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **BRIAN WORTH**

Mailing Address 5654 ROTHESAY DRIVE

City State Zip Code
 DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARDINAL HEALTH, INC

Occupation
 SVP, HR BUSINESS PAR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87401910638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

396.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. **ERIC C CHRISTENSEN**

Mailing Address 8624 GREENARBOR RD

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87402410638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **BLAIR R WILLIAMS**

Mailing Address 663 LYNNFIELD DR

City

WESTERVILLE

State

OH

Zip Code

43081

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, HR MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87403110638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **ANDREW R R KELLER**

Mailing Address PO BOX 3732

City

DUBLIN

State

OH

Zip Code

43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, INVENTORY MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87403310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

202.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. ERIC M JOHNSON

Mailing Address 8078 TRAIL LAKE DR

 City
 POWELL

 State
 OH

 Zip Code
 43065

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, FINANCE (GENERAL)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

Transaction ID : PR87404010638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DONNA B MANN

Mailing Address 6666 MCVEY BLVD

City

WEST WORTHINGTON

State

OH

Zip Code

43235

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRGM DIR, PROG/PROJ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

Transaction ID : PR87404210638

Amount of Each Receipt this Period

56.08

P/R Deduction (\$28.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARC D DELORENZO

Mailing Address 231 TILLER DRIVE

City

POWELL

State

OH

Zip Code

43065

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, TERRITORY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

Transaction ID : PR87404910638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

208.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM B B CHRISTIAN

Mailing Address 3325 LITTLEPORT LANE

City State Zip Code
ACWORTH GA 30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, ACCOUNT (HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2014

Transaction ID : PR87405310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARY W BAXTER

Mailing Address 3913 REGAL COURT

City State Zip Code
VIRGINIA BEACH VA 23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, PHARM OPS & ACCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2014

Transaction ID : PR87405510638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN S LINDSEY

Mailing Address 50 TIMBERKNOLL LOOP

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, ENTERPRISE INFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2014

Transaction ID : PR87406710638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

228.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. JAMES E BACH

Mailing Address 26061 TWIN POND RD

City State Zip Code
LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, INVENTORY MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87406910638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN J BYRNES

Mailing Address 161 TUCKER DR

City State Zip Code
WORTHINGTON OH 43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, TAX TECHNICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87407610638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KENNETH H H ROBINETTE

Mailing Address 9409 AVEMORE CT.

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONAL EXCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87407810638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

228.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 58

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. BENNY SLEDGE

Mailing Address 8016 W 138TH TERRACE

City State Zip Code
OVERLAND PARK KS 66223

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP,BUSINESS ACQUISIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87408910638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES W HILLMAN

Mailing Address 141 WOODSTREAM DR

City State Zip Code
GRAND ISLAND NY 14072

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, DIRECT SALES MGM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87409010638

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL A A MONE

Mailing Address 4909 SCENIC CREEK DR

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87409510638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. MARTHA HUSTON

Mailing Address 490 E. SUNBURST LN

City State Zip Code
 TEMPE AZ 85284

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRESIDENT/CEO CANADA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87410110638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LISA MARLING-GEORGE

Mailing Address 9334 PRATOLINO VILLA DR.

City State Zip Code
 DUBLIN OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, TALENT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87410210638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANDREW T T ALDERMAN

Mailing Address 1225 LEICESTER PL.

City State Zip Code
 COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, STRATEGY & BUS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2014

Transaction ID : PR87410510638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. SHELLEY A A BIRD

Mailing Address 7998 CARAWAY AVE

City State Zip Code
DUBLIN OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EVP, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87410610638

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT S S THOMPSON

Mailing Address 8338 AMBERLEIGH WAY

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, STRATEGIC PLNG/E

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87410710638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ISMAEL VILLARREAL

Mailing Address 5032 CALLE TINTILLO

City State Zip Code
GUAYNABO PR 00966

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87411010638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

326.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. JESSICA L L MAYER

Mailing Address 4852 CARRIGAN RIDGE

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87411710638

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN C RADEMACHER

Mailing Address 5006 ROSALIND LANE

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRESIDENT, AMBULATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87414810638

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DIANNE RADIGAN

Mailing Address 900 EASTCHESTER DR

City State Zip Code
GAHANNA OH 43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, COMMUNITY RELATI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87415110638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

336.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. SALLY CURLEY

Mailing Address 9035 ESIN COURT

City
POWELL

State Zip Code
OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, INVESTOR RELATI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87415210638

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GEORGE S S BARRETT

Mailing Address 246 E. SYCAMORE ST.

City
COLUMBUS

State Zip Code
OH 43206

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
CHAIRMAN/CEO, CARDIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87415310638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK PILKINGTON

Mailing Address 8191 HILLINGDON DRIVE

City
POWELL

State Zip Code
OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
VP, STRATEGY MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87415810638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

610.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. CRAIG MORFORD

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code
 WESTERVILLE OH 43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARDINAL HEALTH, INC

Occupation
 CHIEF COMPLIANCE & L

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87415910638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TOHID A VAHEDIAN

Mailing Address 1857 COLLINGSWOOD RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARDINAL HEALTH, INC

Occupation
 SVP, GM MED SVCS & S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87416310638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HENRY M CHILTON

Mailing Address 32 PALISADES PARKWAY

City State Zip Code
 OAK RIDGE TN 37830

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARDINAL HEALTH, INC

Occupation
 VP, SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87417210638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

534.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM S S CLAUNCH

Mailing Address 10744 CAMPDEN LAKES BLVD

City State Zip Code
 DUBLIN OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, OPERATIONS SERVI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87417310638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LUKE C AUGUSTINE

Mailing Address 10834 S 166TH ST

City State Zip Code
 OMAHA NE 68136

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87417410638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARC B MULLEN

Mailing Address 1650 SHERBORNE LANE

City State Zip Code
 POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 30 2014

Transaction ID : PR87418510638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

276.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA A MORRISON

Mailing Address 55 EAST ERIE
#3801

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EVP, CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87420610638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARK BLAKE

Mailing Address 129 NORWOOD AVE

City State Zip Code
MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

EVP, STRATEGY & CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87420910638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GILBERTO O QUINTERO

Mailing Address 6650 BRODIE BLVD

City State Zip Code
DUBLIN OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, QRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87421210638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

845.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. LANE CHERAMIE

Mailing Address 152 WEST 117TH STREET

City State Zip Code
 CUT OFF LA 70345

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

DIR, HEALTH SYSTEM P

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87421610638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT WELLS

Mailing Address 301 BRIDLE PATH LANE

City State Zip Code
 ANNAPOLIS MD 21403

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, ASC GEN CSL, COM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87422010638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MEGHAN FITZGERALD

Mailing Address 6 MORGAN

City State Zip Code
 NORWALK CT 06851

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

PRES, SPECIALTY SOLU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR87422810638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. DANIEL MOVENS

Mailing Address 987 RETREAT LANE

City
POWELL

State Zip Code
OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP/GM, PARMED PHARM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87423110638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RAMON GREGORY

Mailing Address 9003 MEDITERRA PLACE

City
DUBLIN

State Zip Code
OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87423910638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. NICHOLAS S AUGUSTINOS

Mailing Address 2416 15TH STREET

City
SAN FRANCISCO

State Zip Code
CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDINAL HEALTH, INC

Occupation
SVP, HEALTH INFO & S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR87424110638

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. SHAUN F YOUNG

Mailing Address 8145 SUMMERHOUSE DRIVE WEST

City State Zip Code
DUBLIN OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, MKTG & PRODUCT M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR93409410638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KELLY B WILSON

Mailing Address 4556 SATTERTON CIRCLE

City State Zip Code
DUBLIN OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, HR BUSINESS PART

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR93689210638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEBBIE J J MITCHELL

Mailing Address 9 ALBAN MEWS

City State Zip Code
NEW ALBANY OH 43054

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, CORPORATE COMMU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR94089910638

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

276.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 42 OF 58
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. DONALD M CASEY

Mailing Address 7708 TILLINGHAST DRIVE

City	State	Zip Code
DUBLIN	OH	43017

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CEO, MEDICAL SEGMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR94134310638

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHAUNA M LATSHAW

Mailing Address 6069 TOURNAMENT DRIVE

City	State	Zip Code
WESTERVILLE	OH	43082

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR99505110638

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GE CAO

Mailing Address 5360 FORT WARD DRIVE

City	State	Zip Code
NEW ALBANY	OH	43054

FEC ID number of contributing federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

VP, INFO SERVICES &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR99977510638

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

510.60

TOTAL This Period (last page this line number only)..... ►

12785.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. National Assoc of Chain Drug Stores PAC

Mailing Address 413 N Lee St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

National Assoc of Chain Drug Stores PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 8166006

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. HDMA PAC

Mailing Address 901 N. Glebe Rd Ste 1000

City	State	Zip Code
Alexandria	VA	22203

Purpose of Disbursement
Direct Contribution

011

Candidate Name

HDMA PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 8166007

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address 1717 Prince St. #5

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Lee TerryCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : 8167465

Amount of Each Disbursement this Period

2500.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 1295

City	State	Zip Code
Gainesville	GA	30503

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Doug Collins

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 09

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : 8167466

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Ryan for Congress

Mailing Address P. O. Box 1919

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WI	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367106

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Peninsula PAC

Mailing Address 555 CAPITOL MALL, SUITE 1425

City	State	Zip Code
SACRAMENTO	CA	95814

Purpose of Disbursement
Direct Contribution

Candidate Name

Peninsula PAC

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : 8382171

Amount of Each Disbursement this Period

1500.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Lois Capps

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Lois CappsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : 8383946

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dennis Ross

Mailing Address 213 Ashby St

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Dennis RossCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : 8383947

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Pitts

Mailing Address 1707 Prince St #5

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Joseph PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : 8383948

Amount of Each Disbursement this Period

2000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address 499 South Capitol St SW Ste 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : 8383949

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. ERICPACMailing Address 25 E MAIN STREET
SUITE 200

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement
Direct Contribution

011

Candidate Name

ERICPACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : 8383950

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. AdvaMed PAC

Mailing Address 701 Pennsylvania Ave NW Ste 800

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Direct Contribution

011

Candidate Name

AdvaMed PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : 8383951

Amount of Each Disbursement this Period

2500.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Health Industry Distributors Assoc PAC

Mailing Address 310 Montgomery St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Health Industry Distributors Assoc PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : 8383952

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Steve Chabot for Congress

Mailing Address 3030 HARRISON AVE.

City	State	Zip Code
CINCINNATI	OH	45211

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Steve ChabotCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : 8389015

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Ohio House Republican Organizational Cmt

Mailing Address 4679 Winterset Dr

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : 8170050

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect John Adams

Mailing Address 1509 Bon Air Cr

City	State	Zip Code
Sidney	OH	45365

Purpose of Disbursement
John Adams, STATE HOUSE 85th OH

Candidate Name

OH Rep. John Adams

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : 8170051

Amount of Each Disbursement this Period

1000.00

John Adams, STATE HOUSE 85th OH

Full Name (Last, First, Middle Initial)

C. Citizens For Amstutz

Mailing Address 4456 Wood Lake Trl

City	State	Zip Code
Wooster	OH	44691-8582

Purpose of Disbursement
Ron Amstutz, STATE HOUSE 1st OH

Candidate Name

Ron Amstutz

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : 8170052

Amount of Each Disbursement this Period

2500.00

Ron Amstutz, STATE HOUSE 1st OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Mike Duffey

Mailing Address 645 Farrington Drive

City	State	Zip Code
Worthington	OH	43085

Purpose of Disbursement
Mike Duffey, STATE HOUSE 21st OH

Candidate Name

OH Rep. Mike DuffeyOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 8170053

Amount of Each Disbursement this Period

2500.00

Mike Duffey, STATE HOUSE 21st OH

Full Name (Last, First, Middle Initial)

B. Matt Huffman for State Representative

Mailing Address 2320 Merit Avenue

City	State	Zip Code
Lima	OH	45805

Purpose of Disbursement
Matt Huffman, STATE HOUSE 4th OH

Candidate Name

OH Rep. Matt HuffmanOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 8170054

Amount of Each Disbursement this Period

1000.00

Matt Huffman, STATE HOUSE 4th OH

Full Name (Last, First, Middle Initial)

C. Citizens for Buchy

Mailing Address 2191 Oak Street

City	State	Zip Code
Maria Stein	OH	45860

Purpose of Disbursement
Jim Buchy, STATE HOUSE 84th OH

Candidate Name

OH Rep. Jim BuchyOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 8170055

Amount of Each Disbursement this Period

1000.00

Jim Buchy, STATE HOUSE 84th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Cheryl Grossman

Mailing Address 3955 Brown Park Dr Ste A

City Hilliard	State OH	Zip Code 43026-3137
------------------	-------------	------------------------

Purpose of Disbursement
Cheryl Grossman, STATE HOUSE 23rd OH

Candidate Name

Cheryl GrossmanOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 8170056

Amount of Each Disbursement this Period

2500.00

Cheryl Grossman, STATE HOUSE 23rd OH

Full Name (Last, First, Middle Initial)

B. Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina	State OH	Zip Code 44256-9069
----------------	-------------	------------------------

Purpose of Disbursement
William Batchelder, STATE HOUSE 69th OH

Candidate Name

William BatchelderOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 8170057

Amount of Each Disbursement this Period

5000.00

William Batchelder, STATE HOUSE 69th OH

Full Name (Last, First, Middle Initial)

C. Citizens for Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City Sylvania	State OH	Zip Code 43560
------------------	-------------	-------------------

Purpose of Disbursement
Barbara Sears, STATE HOUSE 47th OH

Candidate Name

OH Rep. Barbara SearsOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 8170058

Amount of Each Disbursement this Period

1000.00

Barbara Sears, STATE HOUSE 47th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Anne Gonzales

Mailing Address 865 Macon Alley

City	State	Zip Code
Columbus	OH	43206

Purpose of Disbursement
Anne Gonzales, STATE HOUSE 19th OH

011

Candidate Name

Anne GonzalesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : 8170059

Amount of Each Disbursement this Period

1500.00

Anne Gonzales, STATE HOUSE 19th OH

Full Name (Last, First, Middle Initial)

B. Ohio Republican Senate Campaign CmteMailing Address 88 East Broad St
Suite 1200

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

Transaction ID : 8367107

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. The Committee for Jim Hughes

Mailing Address 14 E Gay St

City	State	Zip Code
Columbus	OH	43215-5203

Purpose of Disbursement
Jim Hughes, STATE SENATE 16th OH

011

Candidate Name

Jim HughesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2014

Transaction ID : 8367108

Amount of Each Disbursement this Period

3500.00

Jim Hughes, STATE SENATE 16th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Obhof

Mailing Address 5206 Crown Point Drive

City	State	Zip Code
Medina	OH	44256

Purpose of Disbursement
Larry Obhof, STATE SENATE 22nd OH

Candidate Name

OH Sen. Larry ObhofOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367109

Amount of Each Disbursement this Period

2500.00

Larry Obhof, STATE SENATE 22nd OH

Full Name (Last, First, Middle Initial)

B. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr

City	State	Zip Code
Strongsville	OH	44136

Purpose of Disbursement
Thomas Patton, STATE SENATE 24th OH

Candidate Name

OH Sen. Thomas PattonOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367110

Amount of Each Disbursement this Period

2500.00

Thomas Patton, STATE SENATE 24th OH

Full Name (Last, First, Middle Initial)

C. Committee to Elect Chris Widener

Mailing Address 23 S Center St

City	State	Zip Code
Springfield	OH	45502-1201

Purpose of Disbursement
Chris Widener, STATE SENATE 10th OH

Candidate Name

Chris WidenerOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367111

Amount of Each Disbursement this Period

2500.00

Chris Widener, STATE SENATE 10th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City	State	Zip Code
Columbus	OH	43231-2098

Purpose of Disbursement
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name

Kevin BaconOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367112

Amount of Each Disbursement this Period

2500.00

Kevin Bacon, STATE SENATE 3rd OH

Full Name (Last, First, Middle Initial)

B. Friends of Faber

Mailing Address 7706 State Route 703

City	State	Zip Code
Celina	OH	45822-2923

Purpose of Disbursement
Keith Faber, STATE SENATE 12th OH

Candidate Name

Keith FaberOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367113

Amount of Each Disbursement this Period

5000.00

Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

C. Team Burke

Mailing Address 275 W 4th Street

City	State	Zip Code
Marysville	OH	43040

Purpose of Disbursement
Dave Burke, STATE SENATE 26th OH

Candidate Name

OH Sen. Dave BurkeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367114

Amount of Each Disbursement this Period

2500.00

Dave Burke, STATE SENATE 26th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Oelslager for Ohio Committee

Mailing Address 6706 Lake Cable Ave NW

City	State	Zip Code
North Canton	OH	44720

Purpose of Disbursement
Scott Oelslager, STATE SENATE 29th OH

Candidate Name

OH Sen. Scott OelslagerOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367115

Amount of Each Disbursement this Period

2500.00

Scott Oelslager, STATE SENATE 29th OH

Full Name (Last, First, Middle Initial)

B. Brenner for Ohio

Mailing Address PO Box 100

City	State	Zip Code
Powell	OH	43065

Purpose of Disbursement
Andrew Brenner, STATE HOUSE 67th OH

Candidate Name

OH Rep. Andrew BrennerOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367337

Amount of Each Disbursement this Period

500.00

Andrew Brenner, STATE HOUSE 67th OH

Full Name (Last, First, Middle Initial)

C. Citizens for Bishoff

Mailing Address 2902 Braden Way

City	State	Zip Code
Blacklick	OH	43004

Purpose of Disbursement
Heather Bishoff, STATE HOUSE 20th OH

Candidate Name

OH Rep. Heather BishoffOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : 8367338

Amount of Each Disbursement this Period

1000.00

Heather Bishoff, STATE HOUSE 20th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Sprague for State Representative

Mailing Address 220 West Sandusky St

City	State	Zip Code
Findlay	OH	45840

Purpose of Disbursement
Robert Sprague, STATE HOUSE 83rd OH

Candidate Name

OH Rep. Robert SpragueOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : 8370556

Amount of Each Disbursement this Period

1000.00

Robert Sprague, STATE HOUSE 83rd OH

Full Name (Last, First, Middle Initial)

B. Mike Dewine for Ohio

Mailing Address 2587 Conley Road

City	State	Zip Code
Cedarville	OH	45314

Purpose of Disbursement
Mike Dewine, ATTORNEY GENERAL OH

Candidate Name

Mike DewineOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : 8370558

Amount of Each Disbursement this Period

2500.00

Mike Dewine, ATTORNEY GENERAL OH

Full Name (Last, First, Middle Initial)

C. Friends of Shannon Jones

Mailing Address 800 Valley View Point

City	State	Zip Code
Springboro	OH	45066

Purpose of Disbursement
Shannon Jones, STATE SENATE 7th OH

Candidate Name

OH Sen. Shannon JonesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : 8370559

Amount of Each Disbursement this Period

2500.00

Shannon Jones, STATE SENATE 7th OH

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens to Elect John Patrick Carney

Mailing Address 357 E Torrence Rd

City	State	Zip Code
Columbus	OH	43214-3837

Purpose of Disbursement
John Carney, STATE HOUSE 22nd OH

Candidate Name

John CarneyOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 8370560

Amount of Each Disbursement this Period

1000.00

John Carney, STATE HOUSE 22nd OH

Full Name (Last, First, Middle Initial)

B. Friends of Kris Jordan

Mailing Address 161 Stonebend Drive

City	State	Zip Code
Powell	OH	43065

Purpose of Disbursement
Kris Jordan, STATE SENATE 19th OH

Candidate Name

OH Sen. Kris JordanOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 8370561

Amount of Each Disbursement this Period

2500.00

Kris Jordan, STATE SENATE 19th OH

Full Name (Last, First, Middle Initial)

C. Friends of Mike Curtin

Mailing Address 545 E Town St

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Mike Curtin, STATE HOUSE 17th OH

Candidate Name

Mike CurtinOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 8370562

Amount of Each Disbursement this Period

1000.00

Mike Curtin, STATE HOUSE 17th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Lynn Wachtmann

Mailing Address 550 Euclid Avenue

City	State	Zip Code
Napoleon	OH	43545

Purpose of Disbursement
Lynn R. Wachtmann, STATE HOUSE 81st OH

Candidate Name

Lynn R. WachtmannOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 8370563

Amount of Each Disbursement this Period

1000.00

Lynn R. Wachtmann, STATE HOUSE 81st OH

Full Name (Last, First, Middle Initial)

B. Kevin L. Boyce Committee

Mailing Address 1480 Dublin Rd

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Kevin Boyce, STATE HOUSE 25th OH

Candidate Name

OH Rep. Kevin BoyceOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : 8382172

Amount of Each Disbursement this Period

500.00

Kevin Boyce, STATE HOUSE 25th OH

Full Name (Last, First, Middle Initial)

C. LaRose for Senate

Mailing Address 3840 Ridgewood Rd #4323

City	State	Zip Code
Copley	OH	44321

Purpose of Disbursement
Frank LaRose, STATE SENATE 27th OH

Candidate Name

OH Sen. Frank LaRoseOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 8387176

Amount of Each Disbursement this Period

1000.00

Frank LaRose, STATE SENATE 27th OH

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Cardinal Health Inc. PAC AKA Cardinal Health Companies PAC

A. Citizens for Stinziano

Mailing Address 550 E Walnut St

City	State	Zip Code
Columbus	OH	43215-5323

Purpose of Disbursement
Mike Stinziano, STATE HOUSE 25th OH

Candidate Name

Mike Stinziano

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 8392271

Amount of Each Disbursement this Period

500.00

Mike Stinziano, STATE HOUSE 25th OH

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement	
1	2
3	4
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95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

61500.00